

**SUMMARY REPORT DIGEST-  
COMPLAINT REGISTER INVESTIGATION NO.:  
CHICAGO POLICE DEPARTMENT**

315671

DATE OF REPORT (DAY-MO.-YEAR)

16NOV06

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED, or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED.  
SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

**TO: SUPERINTENDENT OF POLICE**  
ATTENTION  **ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS**  
 **ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION**

|  |                             |   |   |                         |                               |                                |                                 |
|--|-----------------------------|---|---|-------------------------|-------------------------------|--------------------------------|---------------------------------|
| FROM - INVESTIGATOR'S NAME<br>STRUKE,MARK W.         |                             | RANK<br>SGT                               | STAR NO.<br>1039  | SOCIAL SEC. NO.         | EMPLOYEE NO.<br>[REDACTED]    | UNIT ASSIGN.<br>015            |                                 |
| ADDRESS OF INCIDENT<br>[REDACTED]                    |                             | DATE OF INCIDENT - TIME<br>21SEP06 - 2015 |   |                         | BEAT OF INCIDENT<br>1522      | LOCATION CODE*<br>15           |                                 |
| ACCUSED  | NAME<br>1. TOPCZEWSKI,BRYAN |   | RANK<br>PO  | STAR NO.<br>3691        | SOCIAL SEC. NO.               | EMPLOYEE NO.<br>[REDACTED]     | UNIT ASSIGN.<br>015             |
|  | 2. JOZEFCAZAK,TED           |   | RANK<br>PPO   | STAR NO.<br>15536       | SOCIAL SEC. NO.               | EMPLOYEE NO.<br>[REDACTED]     | UNIT ASSIGN.<br>015             |
| SEX/RACE<br>1. M/W                                   | D.O.B.<br>[REDACTED] 68     | DATE OF APPOINTMENT<br>04NOV96            | DUTY STATUS (TIME OF INCIDENT)<br><input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY |                         |                               | PHYS. COND. CODE*<br>01        |                                 |
| 2. M/W   | [REDACTED] 75               | 26SEP05                                   | <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY                                   |                         |                               | PHYS. COND. CODE*<br>01        |                                 |
| IF APPLICABLE - DATE ARRESTED / INDICTED<br>1.<br>2. |                             | CHARGES                                   |   | COURT BRANCH            | DISPOSITION & DATE            |                                |                                 |
| NAME<br>[REDACTED]                                   |                             | ADDRESS**<br>[REDACTED]                   | CITY STATE<br>[REDACTED]  | TELEPHONE<br>[REDACTED] | SEX/RACE<br>f/1<br>[REDACTED] | D.O.B./AGE<br>74<br>[REDACTED] | PHYS. COND. CODE*<br>01         |
| NAME<br>[REDACTED]                                   |                             | ADDRESS**<br>[REDACTED]                   | CITY STATE<br>[REDACTED]  | TELEPHONE<br>[REDACTED] | SEX/RACE<br>[REDACTED]        | D.O.B./AGE<br>[REDACTED]       | PHYS. COND. CODE*<br>[REDACTED] |
| NAME<br>[REDACTED]                                   |                             | ADDRESS**<br>[REDACTED]                   | CITY STATE<br>[REDACTED]  | TELEPHONE<br>[REDACTED] | SEX/RACE<br>[REDACTED]        | D.O.B./AGE<br>[REDACTED]       | PHYS. COND. CODE*<br>[REDACTED] |

SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

**ALLEGATIONS**  
The complainant alleged that several offenders broke the glass in her auto. She states that beat 1522 arrived and after informing the officers where the offenders reside, the officers failed to make an arrest.

**I.A.D. LOCATION CODES\***

|                                  |  |
|----------------------------------|--|
| 01 Food Sales/Restaurant         | 11 Public Transportation Veh /Facility |
| 02 Tavern/Liquor Store           | 12 Park District Property              |
| 03 Other Business Establishment  | 13 Airport                             |
| 04 Police Building               | 14 Public Property Other               |
| 05 Lockup Facility               | 15 Other Private Premise               |
| 06 Police Maintenance Facility   | 16 Expressway/ Interstate System       |
| 07 CPD Automotive Pound Facility | 17 Public Way - Other                  |
| 08 Other Police Property         | 18 Waterway, Incl. Park District       |
| 09 Police Communications System  | 19 Private Residence                   |
| 10 Court Room                    |  |

**I.A.D. PHYSICAL CONDITION CODES+**

|   |
|---|
| 01 No Visible Injury - Apparently Normal          |
| 02 No Visible Injury - Under Influence            |
| 03 Injured, Not Hospitalized                      |
| 04 Injured, Not Hospitalized - Under Influence    |
| 05 Injured, Hospitalized                          |
| 06 Injured, Hospitalized - Under Influence        |
| 07 Injured, Refused Medical Aid                   |
| 08 Injured, Refused Medical Aid - Under Influence |
| 09 Deceased                                       |
| 10 Deceased - Under Influence                     |

\* IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX.

CPD-44.112A (1/84)

COMPUTER GENERATED FORM

C.R. NO.

310104

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s). In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

On 24Sep06, R/Sgt was assigned this investigation and went on furlough. R/Sgt. returned on 20Oct06 and requested an extension which was granted (Att# 8 ). Enclosed with the Complaint was the assignment sheets for the day in question which identified P.O. TOPCZEWSKI #3691 and P.O. JOZEFCZAK #15536 who were assigned to beat 1522 on the day in question (see att# 4.5) On 21Oct06, R/Sgt called complainant at number given and spoke to complainant's mother [REDACTED]

[REDACTED] who stated the cell phone number given is her own and that her daughter had moved and does not have a phone but she would advise her that I called. A certified letter was sent to the forwarding address given by the mother on 21Oct06 and a copy is under Att#6 .

On 10Nov06, R/Sgt received the certified letter back which was marked unable to deliver, no such number(Att#7). Another attempt was made on 16Nov06 to contact complainant at 229 S. Central which met with negative results.

| INVESTIGATIVE REPORTS-SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS: | INVESTIGATIVE REPORTS-SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS: | PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS: | TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE: |
|--|---|--|---|
| 1,3  |   | 4,5,6,7                                    | 8   |

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation. Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for ..... days (not to exceed 5 days).

In summary, R/Sgt. requests that this investigation be UNFOUNDED due to the victims failure to recontact R/Sgt. after three attempts and therefore the Sworn Affadavit was not signed by the Complainant.

|   |         |   |         |  |    |
|---|---------|---|---------|--|----|
| DATE INITIATED<br>(DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION) | 21sep06 | DATE COMPLETED<br>(DATE OF THIS REPORT) | 21Nov06 | ELAPSED TIME<br>(TOTAL TIME EXPRESSED IN DAYS) | 39 |
|---|---------|---|---------|--|----|

Investigator will initiate the Command Channel Review form by completing the Investigator's Section.

ATTACHMENTS FOR CR#315671

#1=COMPLAINT AGAINST DEPARTMENT MEMBER  
#2=ASSIGNMENT SHEET  
#3=NOTIFICATION OF CR-TOPCZEWSKI  
#4=NOTIFICATION OF CR-JOZEFCAK  
#5=LETTER SENT  
#6=RETURNED ENVELOPE  
#7=TIME EXTENSION  
#8=REPORT [REDACTED]  
#9=REPORT [REDACTED]  
#10=REPORT [REDACTED]  
#11=REPORT [REDACTED]